



SCHOOL FACILITIES BOARD

APPLICATION FOR FULL DAY KINDERGARTEN FUNDING

1.	Name of District:	CTDS#	Date:
2.	Contact information for person completing this form: Name: Phone Number: E-Mail Address:		
3.	Does the district currently provide full day K?	Yes	No
4.	If not, does the district intend to provide full day K? When? _____	Yes	No
5.	How many classrooms at each of the eligible schools are currently devoted to kindergarten?		
6.	Of these classrooms, how many are full day versus half day?	Full	Half
7.	How many kindergarteners were enrolled in full day versus half day?	Full	Half
8.	Do you bus kindergarten students outside their neighborhood school boundaries to provide kindergarten?	Yes	No
9.	Present an expenditure plan of intended use of the capital: Please list below.		
	Item	Budget	Description
	Technology		
	Soft Capital		
	Renovations		
	New Space		
	Other		
10.	Which school site(s) will benefit from the capital funds?		
11.	Date Approved		
12.	Amount Awarded		